



\$ 3626

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/588,037
Filing Date	5 June 2000
First Named Inventor	Stout
Examiner Name	A. Kalinowski
Group Art Unit	3626
Attorney Docket No.	A-68146/RMA/JML

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
Additional Claims \$144		
Extension of Time (1 month) \$110		
Total \$254		
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		■ CHECK # 300996 (\$254)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer	■ RETURN POSTCARD
<input type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Express Abandonment Request		

AMENDMENT FEE CALCULATION

EXTRA CLAIM FEES

Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee	Additional Fee
Total 28	- 20	= 8	x 18	= \$144
Indep. 3	- 3	= 0	x	=
First Presentation of Multiple Dependent Claim				x =
				Total \$144

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GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916 for R. Michael Ananian, Reg. No. 35,050 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111	Telephone: 415 781 1989 Fax: 415 398 3249
Signature		
Date	JANUARY 26, 2004	

CERTIFICATE OF MAILING

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JANUARY 26, 2004

Typed or printed name	MARIA CIGANOVICH	Signature	
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